**PCW Availability Form**

Please complete the questionnaire below and submit to the Scheduling Department. Answer all questions by printing clearly. You will only be contacted should an opening fit your availability.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Phone # |  |
| Address |  | Cell # |  |
|  |  | Email |  |

* Deforest
* Village of Dane
* Waunakee
* Windsor
* West
* East
* North
* South
* Cross Plains
* Mazomanie
* Mount Horeb
* Verona
* Cottage Grove
* Deerfield
* Marshall
* Sun Prairie
* Belleville
* McFarland
* Oregon
* Stoughton

**Population(s) you are interested in working with (check all that apply)**

* Children
* Adults
* Older Adults/Elderly
* Physically Disabled/Chronic Illness
* Cognitive/Developmental Disability
* Central

Areas of **Madison** where you prefer to work: (check all that apply)

**Transportation**

Do You:

* Own a reliable vehicle?
* Have a valid Driver License?
* Have Current auto insurance?
* Use public transportation?

Areas of **Dane County** where you prefer to work (check all that apply)

Do you have experience with the following (please check if appropriate) □ Ostomy □ Bowel Program □ Catheter Care □ Hoyer Lift □ Easy Stand □ Slide Board □ Gait Belt. Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any languages other than English you speak: (including ASL) \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have allergies to cats, dogs, smoke, dust, etc. □ Yes □ No

Please explain ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you comfortable working in homes with cats, dogs, smoke, dust, etc. □ Yes □ No

­­­­­­Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­

List the times you are available to work (every other weekend is preferred). Be as accurate as possible when completing this section. Should you pass the screening process, this will be used to create a work schedule. You must contact the Recruiter prior to your scheduled orientation session if you need to make any changes. **Changes to the schedule below will not be accepted for 90 days after you attend New Hire Orientation.**

Preferred number of hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_ Weekend: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please write times you are available to work: (example: Mon. 7a-9a 9a-12a 2p-3:30p)

Morning 6-9

Afternoon Noon-4

Evening 7-10

Mid-Afternoon 4-7

Mid-Morning 9-Noon

\_\_\_\_\_\_\_\_\_­­­

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_­­­

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_­­­

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_­­­

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_­­­

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

Mon.

Tues.

Wed.

Thurs.

Fri.

Please indicate weekend preference: Every Weekend Every Other Weekend

\_\_\_\_\_\_\_\_\_­­­

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_­­­

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_­­­

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_­­­

\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_­­­

\_\_\_\_\_\_\_\_\_

Sat.

Sun.

Please list unavailable schedule times and reason: (example: Mon-Fri 9a-5p other job, Tue/Thurs/Fri 8a-3p school, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing below, I acknowledge that my availability and preferences are true. I understand that Community Living Alliance is considering me for employment based partly on my availability and preferences that I have indicated on this form. I understand that my availability and preferences will be taken into consideration when developing a work schedule; however, in order to maintain employment I may be required to work outside of my preferences. Furthermore, I understand that if I am unable to fulfill the availability and preferences I have indicated on this form, Community Living Alliance cannot guarantee any available shifts. Finally, my signature indicates my agreement to my availability and preferences listed above which cannot be changed for the first 90 days of employment without prior approval. Changes to my availability beyond the first 90-days of employment will require a 2-week notice. I understand that schedule changes can only be made and approved through the scheduling department. I understand that this is not a contract of employment.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_